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| <i>Index of Claims</i>  | Application/Control No. 10585128 | Applicant(s)/Patent Under Reexamination TANAKA ET AL. |
| | Examiner JOANNIE A GARCIA | Art Unit 2895 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|-------------------------------------|--|--|--------------------------------------|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 05/21/2010 | | | | | | | | | |
| | 1 | N | | | | | | | | | |
| | 2 | N | | | | | | | | | |
| | 3 | N | | | | | | | | | |
| | 4 | N | | | | | | | | | |
| | 5 | N | | | | | | | | | |
| | 6 | N | | | | | | | | | |
| | 7 | N | | | | | | | | | |
| | 8 | N | | | | | | | | | |
| | 9 | N | | | | | | | | | |
| | 10 | N | | | | | | | | | |
| | 11 | N | | | | | | | | | |
| | 12 | N | | | | | | | | | |
| | 13 | N | | | | | | | | | |
| | 14 | ✓ | | | | | | | | | |
| | 15 | ✓ | | | | | | | | | |
| | 16 | ✓ | | | | | | | | | |
| | 17 | ✓ | | | | | | | | | |
| | 18 | ✓ | | | | | | | | | |
| | 19 | ✓ | | | | | | | | | |
| | 20 | ✓ | | | | | | | | | |
| | 21 | ✓ | | | | | | | | | |
| | 22 | ✓ | | | | | | | | | |
| | 23 | ✓ | | | | | | | | | |
| | 24 | O | | | | | | | | | |
| | 25 | ✓ | | | | | | | | | |
| | 26 | ✓ | | | | | | | | | |
| | 27 | ✓ | | | | | | | | | |
| | 28 | ✓ | | | | | | | | | |
| | 29 | ✓ | | | | | | | | | |
| | 30 | ✓ | | | | | | | | | |
| | 31 | ✓ | | | | | | | | | |
| | 32 | ✓ | | | | | | | | | |
| | 33 | ✓ | | | | | | | | | |
| | 34 | ✓ | | | | | | | | | |
| | 35 | ✓ | | | | | | | | | |
| | 36 | O | | | | | | | | | |

| | | |
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| CLAIM | | DATE | | | | | | | |
| Final | Original | 05/21/2010 | | | | | | | |
| | 37 | ✓ | | | | | | | |